Illinois Public Health Institute works through partnerships to promote prevention and improve public health systems that maximize health and quality of life for the people of Illinois.

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November 18, 2013

Julie Hamos
Director
Illinois Department of Healthcare and Family Services
401 S. Clinton Street
Chicago, IL 60607

Dear Director Hamos:

Thank you for the opportunity to comment on *The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid.*

We commend you and your staff for the development of this comprehensive and well thought out concept paper reflecting the work and product of the *Plan, Payer, Provider, Population Alliance for Health*. We are looking forward to the ongoing opportunities to review and provide input into the development of the waiver request and the CMS State Innovations Model implementation grant, particularly with respect to which components of the concept paper will be in the waiver request, and which will be covered in the SIM grant proposal.

We support the inclusion of as many components of the concept paper as possible in the waiver request, as that will provide ongoing, sustainable funding while the SIM grant will be short-term. In particular, we are most interested in the extent to which the population health aspects of this concept can be included in the 1115 waiver and funded by Medicaid dollars.

3A – Wellness Strategies
If it is your intention that the following refers to the use of Medicaid funds for community-based wellness and prevention services, we are in full support of and applaud the proposal to "*leverage health and other public health dollars by investing in evidence-based prevention and wellness-focused strategies for Medicaid clients, such as tobacco cessation, obesity prevention, diabetes self-management, nutrition counseling, fall prevention, physical fitness, and other non-traditional services that assist in improving the health of our clients.*" (p. 12) Should this component of the waiver be approved by CMS, we urge HFS to pay **non-traditional providers, not just health care providers**, for these services. For instance, YMCAs have an evidence-based program called the Diabetes Prevention Program (DPP) that is reimbursed in other states for Medicaid clients. Likewise, health departments provide tobacco cessation, nutrition counselling, etc. and should be reimbursed for those services by Medicaid. As was included in the approved 1115 waiver in Texas, we encourage the inclusion of a 5% set-aside fund for local health departments to partner with community-based organizations to invest in prevention and wellness strategies.

Health departments and other community wellness organizations also provide leadership and infrastructure to support community-based prevention programs, policies, and environmental strategies for improving health which contribute to better health for the entire population, including Medicaid clients. As the Path to Transformation transitions to integrated delivery systems that financially reward improved health outcomes, the state should develop a mechanism for determining the contribution of primary prevention programs and and those entities should share in the rewards from cost-savings.

With respect to obesity prevention mentioned above, in addition to community-based services, we strongly urge the department to use the waiver request opportunity to expand on its recent provider notice regarding childhood obesity treatment to:

1) Increase the number of allowable reimbursable visits for pediatric weight management to a number more consistent with the evidence-base. The current allowable three visits in six months is too few to produce the desired outcomes and is therefore likely to fail in achieving its goal of reducing weight trajectories and achieving long-term improved health and cost savings.
2) Expand the services to children under two years of age.
3) Provide a mechanism for children who do not show a "favorable outcome" in the first few visits to be provided with these services again at a later date. It is unconscionable that a child who does not show progress in weight management in just three visits *would be prevented from ever having weight management services from their doctor again.*
4) Provide for payment of other, more appropriate (and potentially less costly) providers for pediatric weight management services, such as dieticians, psychologists, social workers and nutritionists.
5) Provide payment for existing intensive weight-management programs serving children.

In addition to pediatric weight management, as HFS transitions to a more prevention oriented program through the Path to Transformation, we urge you to provide coverage for the specified preventive services pursuant to the notice from CMS dated February 1, 2013. These specified services are those graded A and B by the US Preventive Services Task Force. By covering these services, Illinois will receive a one percentage point increase in its federal match.

We appreciate the mention that *"the new community needs assessment mandate offers opportunities for the state and local health departments to collaborate with local hospitals and community health centers to share data and analyses and assure that as much attention as possible is directed to fulfilling the identified needs."* (p. 11-12) We are curious about what initiatives will be implemented with respect to community health needs assessment and collaboration between non-profit hospitals, health departments and FQHCs, and hope that the final document will elaborate on this point. We recommend that you indicate that communities will be provided with technical assistance to conduct community health needs assessments and, importantly, **will be provided with financial support to implement collaborative community health improvement priorities.** Addressing community defined, data-driven health priorities to reduce risk and promote health improvement can be an effective public health strategy for preventing the onset of disease and disability and ensuring overall better health outcomes at less cost than treating people after they are sick.

We also appreciate the attention paid to the important role that community health workers can play in promoting and supporting the health of communities and patients. We urge you to add to this section that CHW services will be paid for from Medicaid funds, either directly, or through various system initiatives, such as the Hub and Pathways approach, currently identified as an innovative, evidence-based approach for at-risk individuals by AHRQ.[1]

1 http://www.innovations.ahrq.gov/guide/QuickstartGuide/overview.aspx

Finally, we note that the concept paper does not mention the Illinois Framework for Healthcare and Human Services, which shares the goal of adopting a "client-centered, no-wrong-door" approach to service delivery. As you craft the story of large-scale transformation in Illinois, it may be beneficial to note that the Framework provides a strategic platform for developing shared technical infrastructure and coordinated business processes between state agencies and their community-based service providers. Interoperable systems will be a necessary component for exchanging client data and managing client services and it is likely important to convey to federal decision-makers that efforts in this regard are being coordinated across initiatives they are funding. We believe that the Framework will be important to achieving your goal: "Illinois Medicaid needs to reposition itself to directly tackle these multiple, challenging causes of ill health associated with poverty, with a renewed emphasis on the social determinants of health throughout all of our programs, services, policies and reform initiatives." (p. 5)

There are many other components of the concept paper regarding health care delivery system transformation that are described; we support all these efforts, but have focused our comments on those areas in which we have more expertise. We look to our other partners on the Alliance Steering Committee and in the stakeholder community to identify and address these components of the concept paper.

Again, Director Hamos, we applaud the development of this well-thought-out and comprehensive concept paper for the upcoming 1115 Waiver request to CMS. We are looking forward to further opportunities for input as the waiver process proceeds.

Thank you for the opportunity to provide these comments.

Sincerely,

Elissa J. Bassler
CEO